MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

March 19, 2015

The Michigan Health IT Commission is an advisory Commission to the Michigan Department of Community Health and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275

Welcome & Introductions

- Commissioner Updates

HIT/HIE March 2015 Updates

- Dashboard

- Peace of Mind Registry

- 2014 Annual Report

- Public Comment

2015 Goals – March HIT Commission Update

Governance Development and Execution of Relevant Agreements

- MOAC Face-to-Face meeting Mar. 10 – 31 participants reviewed 6 use case collections of three use cases each

- Payer QO Day Mar. 11 – 40 participants reviewed new use cases: Common Key Service, HEDIS Catcher

- HIE QO Day Mar. 17 – 20 participants to discuss high priority use cases: share lab results statewide, single-sign-on, remote identity proofing

- New Payer Qualified Organization (PIHP):
  - Oakland County Community Mental Health Agency (OCCMHA)

- All ten (10) Pre-paid Inpatient Health Plans now under NDA with MiHIN
  - Nine (9) participated in Payer-QO day

- Newest HIE-QO – PatientPing™ – now receiving ADTs

Technology and Implementation Road Map Goals

- Total ADT senders/receivers to date:
  - 30 total senders (8 more in pipeline)
  - 331 total receivers (12 more in pipeline)

- Estimated **90%** of admissions statewide now being sent through MiHIN

- Identity Exchange Hub working with two major health systems

- Filed two patent applications:
  - Method and Process Common Key Service
  - Apparatus for Remote Identity Service Proofing Issuing Trusted Identity

2015 Goals – March Update
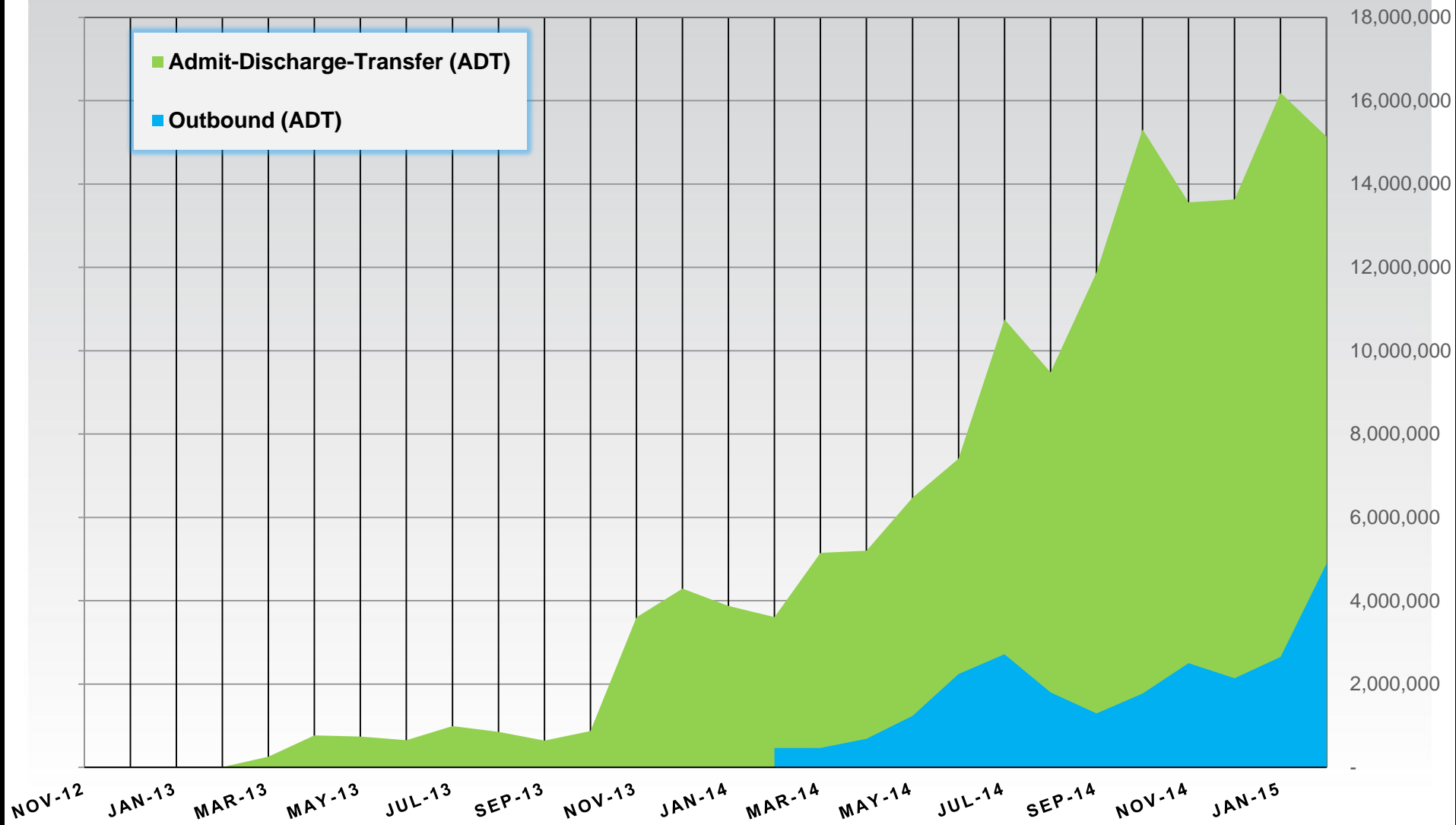
QO & VQO Data Sharing

- More than **210 million+** messages received since production started May 8, 2012
  - Have processed **7+ MLN** total messages per week
  - **5 MLN+** ADT messages/week; **1.4 MLN+** public health messages/week

- New patient match for ADTs **> 55%** match rate; sent **1.2 MLN+** ADTs out last week

- Reportable lab messages still increasing, more than **285,000** received/sent to MDSS

- More than **29** million syndromic surveillance messages received/sent to MSSS

- Patient matching for ADTs now exceeding **50%** (using exact match)

- ONC Nationwide Interoperability Roadmap open until 5pm April 3
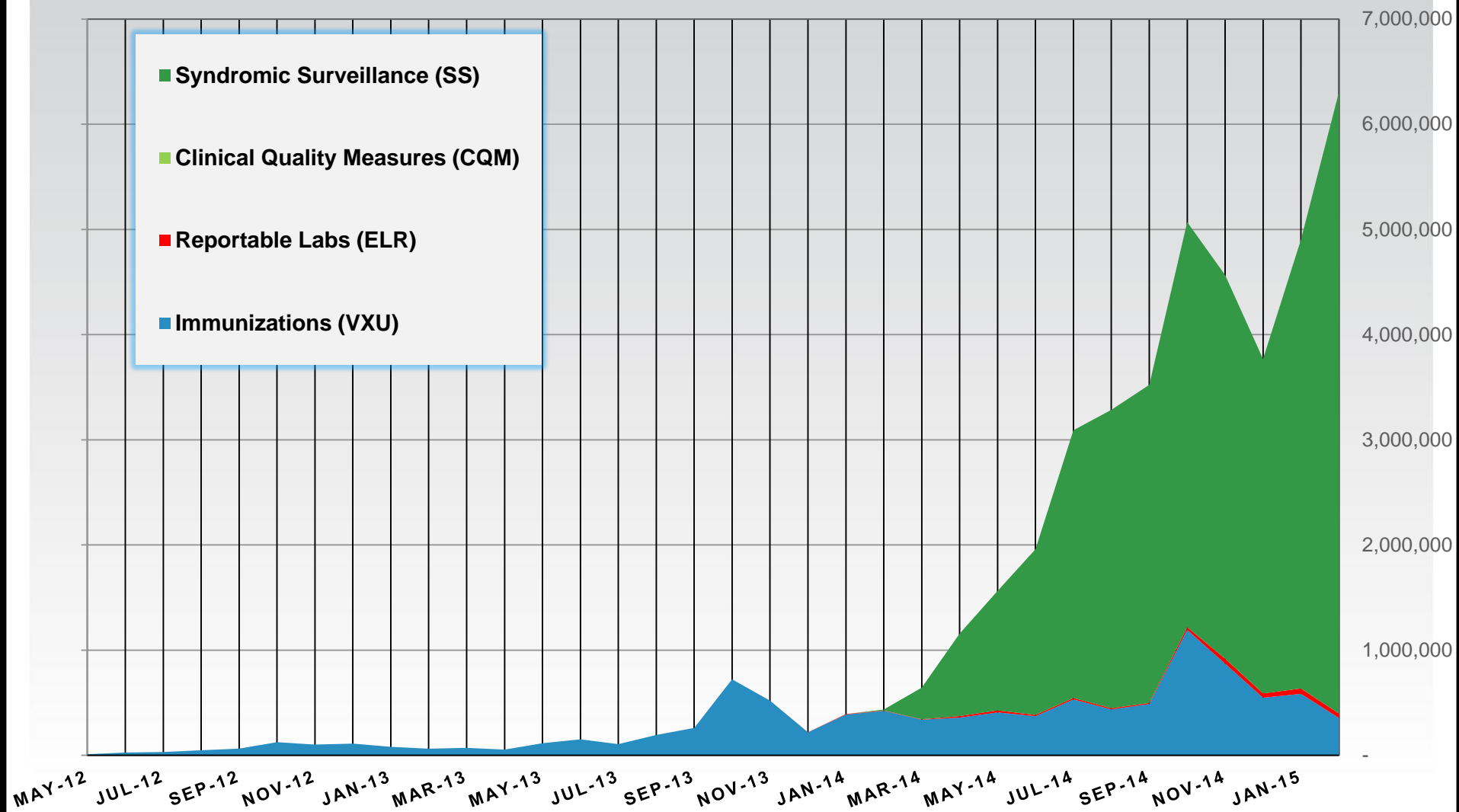
MiHIN Shared Services Utilization

- **Common Key Service and Remote Identity Proofing Services Launched**

- **Connecting Michigan for Health Weds-Fri June 3-5 Lansing Convention Center**

  - **Gov. Snyder presenting introductory remarks morning of Weds. June 3**
  - **Nick Lyon, Director HHS, introducing keynote speaker**
  - **Assistant HHS Secretary/National Coordinator Dr. Karen DeSalvo (invited)**
  - **Lt. Gov. Calley introducing second day keynote Thu. June 4**
  - **Doug Dietzman, Executive Director, GLHC, keynote Thu. June 4**
  - **Workshops on Cybersecurity and FHIR Fri. June 5**

  - **Early bird registration now open:**
    https://www.regonline.com/builder/site/?eventid=1633516

MONTHLY MESSAGE COUNT

Legend:
- ■ Admit-Discharge-Transfer (ADT)
- ■ Outbound (ADT)

X-axis: NOV-12, JAN-13, MAR-13, MAY-13, JUL-13, SEP-13, NOV-13, JAN-14, MAR-14, MAY-14, JUL-14, SEP-14, NOV-14, JAN-15

Y-axis: -, 2,000,000, 4,000,000, 6,000,000, 8,000,000, 10,000,000, 12,000,000, 14,000,000, 16,000,000, 18,000,000

MiHIN
Shared Services

MONTHLY MESSAGE COUNT

Legend:
- Syndromic Surveillance (SS)
- Clinical Quality Measures (CQM)
- Reportable Labs (ELR)
- Immunizations (VXU)

Y-axis: 7,000,000 / 6,000,000 / 5,000,000 / 4,000,000 / 3,000,000 / 2,000,000 / 1,000,000 / -

X-axis: MAY-12, JUL-12, SEP-12, NOV-12, JAN-13, MAR-13, MAY-13, JUL-13, SEP-13, NOV-13, JAN-14, MAR-14, MAY-14, JUL-14, SEP-14, NOV-14, JAN-15

MiHIN
Shared Services

Cumulative Message Volumes

	1/31/2015	2/7/2015	2/14/2015	2/21/2015	2/28/2015	3/7/2015
■ Submit Immunizations	9,900,923	9,985,112	10,073,815	10,159,800	10,250,744	10,346,801
■ Submit Reportable Labs	234,684	243,687	254,024	262,823	275,065	285,108
■ Submit Syndromic Surveillance Data	23,287,573	24,071,722	25,386,263	27,260,388	28,630,196	29,666,755
■ Submit ADT Notifications	135,883,181	139,402,635	143,338,115	147,167,346	151,030,378	154,904,718
■ Receive ADT Notifications	9,567,967	10,447,725	11,863,690	13,175,119	14,650,583	15,795,690
Total Messages	178,874,328	184,150,881	190,915,907	198,025,476	204,836,966	210,999,072

MiHIN
Shared Services

Latest Transmission Production Numbers

5,897,385

MSSS - Syndromic Surveillance

357,494

MCIR - Immunization

30,773

MDSS - Disease Surveillance
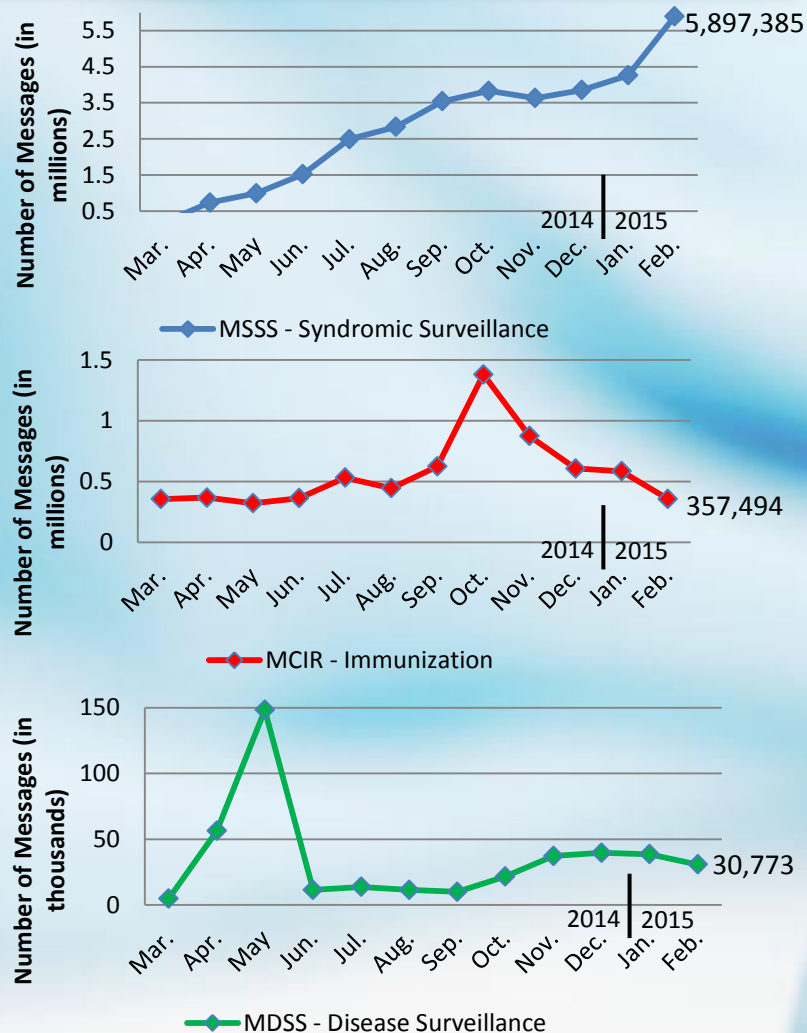
Future Transmission Types

- Newborn Screening CCHD
- Cancer Case Reports
- Birth Defect Reports
- MCIR Query

Project Updates

Care Coordination – ADT's to MDCH

MDCH is in the planning phase for participating in the receipt of Admit Discharge and Transmission (ADT) notifications from MIHIN. MDCH is identifying the infrastructure elements required to support participation to receive and distribute ADT notifications.

Initial plans are to receive ADT information for Medicaid Beneficiaries and send an alert to MDCH's CareConnect360 system allowing the Care Coordinator to know when a Dual Eligible (Medicaid/Medicare) beneficiary has been admitted or discharged.

It is expected that once the initial project work is completed, additional projects will revolve around expanding the use of the ADT information, sharing with additional systems or analytical projects (high utilizers).

Public Health Reporting – Newborn Screening, Lab Orders

The project teams for the Bureau of Labs StarLIMS, Newborn Screening Bloodspot and Newborn Screening Hearing are seeking three to four hospitals or local health department sites to pilot the three new messages for Send Lab Orders/Receive Lab Results (StarLIMS and Bloodspot) and Send Hearing Results. Once participants have been identified, a general conference will be held to discuss implementation.

New functionality will be implemented to support these message projects, that being the ability for MDCH to query MiHIN's Health Provider Directory (HPD). Querying the HPD is needed to support the ability to obtain the electronic delivery address for the additional providers that need to receive the lab order results information in addition to the ordering provider.

For more information, contact Tina Scott
ScottT1@michigan.gov

Participation Year (PY) Goals
March 2015 Dashboard

	Reporting Status	Prior # of Incentives Paid (January)	Current # of Incentives Paid (February)	PY Goal Number of Incentive Payments	PY Medicaid Incentive Funding Expended
Eligible Provider (EPs)	AIU 2013	1313	1320	1,003	$27,617,937
	AIU 2014	276	328	1,000	$7,154,173
	MU 2013	1150	1190	1,043	$9,987,515
	MU 2014	305	469	1,444	$3,805,173
Eligible Hospital (EHs)	AIU 2013	16	16	15	$6,864,231
	AIU 2014	1	1	17	$1,581,636
	MU 2013	79	79	70	$28,167,511
	MU 2014	15	39	44	$10,110,692

Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	4,297	$167,921,906
MU	2,339	$89,050,387

Key: AIU= Adopt, Implement or Upgrade   MU= Meaningful Use

2015 Goals – March Update

M-CEITA | MICHIGAN CENTER FOR EFFECTIVE IT ADOPTION
Your trusted health IT advisors

Federally Funded REC
Supporting adoption and achievement of Stage 1 Meaningful Use with a minimum of 3,724 priority providers across Michigan's primary care community.

- *3,724(+) Milestone 1:* Recruitment of Eligible Priority Primary Care Providers (PPCPs); 100% to goal
- *3,724(+) Milestone 2:* EHR Go-Live with PPCPs; 100% to goal
- *3,724(+) Milestone 3:* Stage 1 Meaningful Use Attestation with PPCPs; 100% to goal

MDCH Medicaid Program (90/10)
Supporting providers in Michigan with high volumes of Medicaid patients in attaining Meaningful Use.

- *544- Specialists Sign-Ups:* Recruitment of Medicaid eligible specialists (Non-Primary Care)
  - 256- AIUs | 7- 90day MU attestation | *Specialist Sign-Up breakdown: Dentistry 48%, Behavioral Health 41%, Optometry 5%, Other 6%*
- *384- Stage1Year1(or2) Sign-ups*: Recruitment of MEPs in Stage 1 of Meaningful Use (Non-Specialists)
  - 89- AIUs | 92- MU attestations
- *66- Stage2Year1 Sign-ups*: Recruitment of MEPs in Stage 2 of Meaningful Use
  - 5- 90day MU Attestation

ONC M-CEITA Provider Metrics
Client data provides insight into EHR adoption and Meaningful Use landscape across Michigan Providers.

- 52% of clients working with M-CEITA have been paid for Stage 1 Year 1 MU in the Medicare EHR Incentive program
- 29% of clients working with M-CEITA have met the standards for Stage 1 Year 1 of Meaningful Use even though they are 'not eligible' for the MU Incentives

Million Hearts Initiative
Expanding our focus to assist providers with future stages of MU, other quality process improvement and public health priorities with an emphasis on EHR-enabled improvements.

- M-CEITA has begun tracking client practices that have committed to reporting on the Million Hearts related CQMs through a proprietary tool called the eMUGA
- M-CEITA is conducting a Million Hearts Call to Action Demonstration Project, designing and implementing a practice-level QI program to improve care coordination and measure improvement in the health of at risk patients
- M-CEITA is partnering with MDCH HDSP/DPCP on the CDC 1305 and 1422 grants to improve high BP and A1C prevalence through the use of EHRs
- M-CEITA is participating in the National ASTHO Million Hearts Learning Collaborative, partnering with MDCH to improve hypertension rates in selected clinics
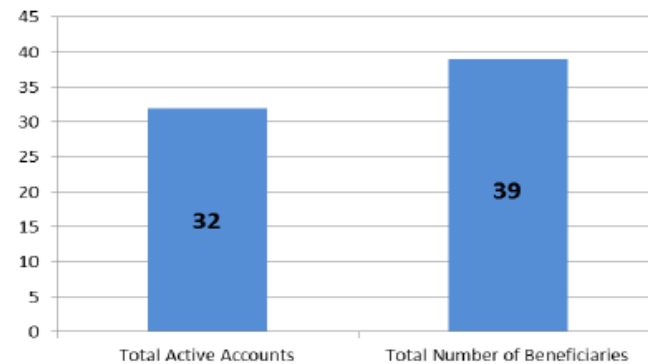
myHealthButton/myHealthPortal Dashboard

MILogin Activity
Number of Application Requests

Month	Requests
Jan	43
Feb	58
6-Mar	60
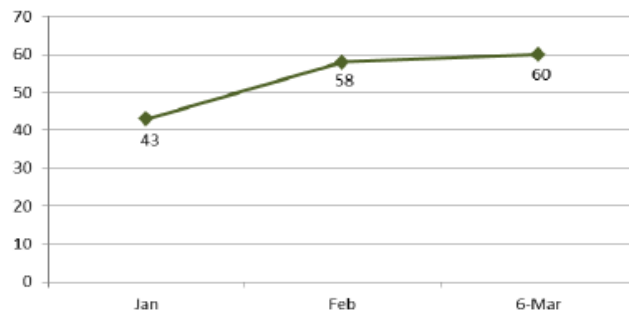
myHP/myHB Activity as of 03/10/2015

Category	Value
Total Active Accounts	32
Total Number of Beneficiaries	39

Updates:

www.michigan.gov/myHealthPortal is LIVE!

5.4 Release (June 2015)

◊ Multilingual functionality (Addition of Spanish)

◊ Print mihealth card

◊ Find a Doctor based on a Health Plan

◊ Find a Doctor functionality introduced to the Landing page

6.0 Release (September 2015)

◊ Upload MIWay Consumer Advanced Directives for the Peace of Mind Directory

◊ View claim/encounter data

◊ Provide authorizations for the release of protected health information (PHI)

◊ Upload clinical documents (Continuity Care Documents)

◊ MDCH-generated online alerts, notifications and surveys

March 2015
Consumer Engagement Dashboard

Research & Data Collection

Ongoing Environmental Scans
Conducting background research and literature reviews on latest Consumer Engagement news, products, and studies.

More information on research and data collection activities will be hosted on www.MiEngagement.org.

Medicaid Consumer Survey
Planning a survey to assess Medicaid consumers' level of health engagement and measure interest in HIT solutions.

Stakeholder Collaboration

Consumer Engagement Interest Call
The Consumer Engagement Interest Group Call is a new monthly forum for meaningful dialogue on engaging consumers in health. In March, Keelie Honsowitz of MDCH presented on myHealthButton and myHealthPortal and shared a demo with regional stakeholders. For more info, visit Michigan.gov/myHealthPortal.

Next Call
Tuesday, April 21st
2:00pm – 3:30pm
Conference #: 415-655-0001
Access #: 198 629 051

MiHIN Annual Conference: June 3-5
MPHI will be facilitating a Consumer Engagement panel with speakers reflecting on their work in the field and the challenges, as well as how partnerships can help move the conversation forward.

Outreach & Education

Provider Tools
Creating tools to educate Medicaid providers and consumers on how HIT HIE can support engagement in health.

Based on MiHIN persona stories, MPHI has created five Medicaid consumer profiles that explain patient portals, HIE, Advance Directives, and other HIT HIE capabilities and programs.

Consumer Video
Developing a consumer oriented video on the Michigan HIT-HIE landscape and its benefits.

www.MiEngagement.org

MPHI®
Working with You To Promote Health

REINVENTING **m**ICHIGAN'S HEALTH CARE SYSTEM
Blueprint for Health Innovation

Michigan HIT Commission Update

March 2015

MI SIM Overview

- Michigan's State Innovation Model, the *Blueprint for Health Innovation,* was developed with broad stakeholder engagement in 2013

- To implement the *Blueprint,* a Model Test proposal was submitted July 2014
  - Describes a staged approach to creating a Learning Health System

- Award announcement: December 2014

- Project begin date: February 1, 2015

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What does it mean to be a Model Test state?

- Michigan has signed a Cooperative Agreement with CMS
- CMS supported learning communities and technical assistance
- Participation in national and state evaluations
- Integration with other CMMI initiatives
- Public reporting & accountability
- Opportunity to impact national models, e.g. through Health Care Payment Learning and Action Network

Round 2 Model Test States
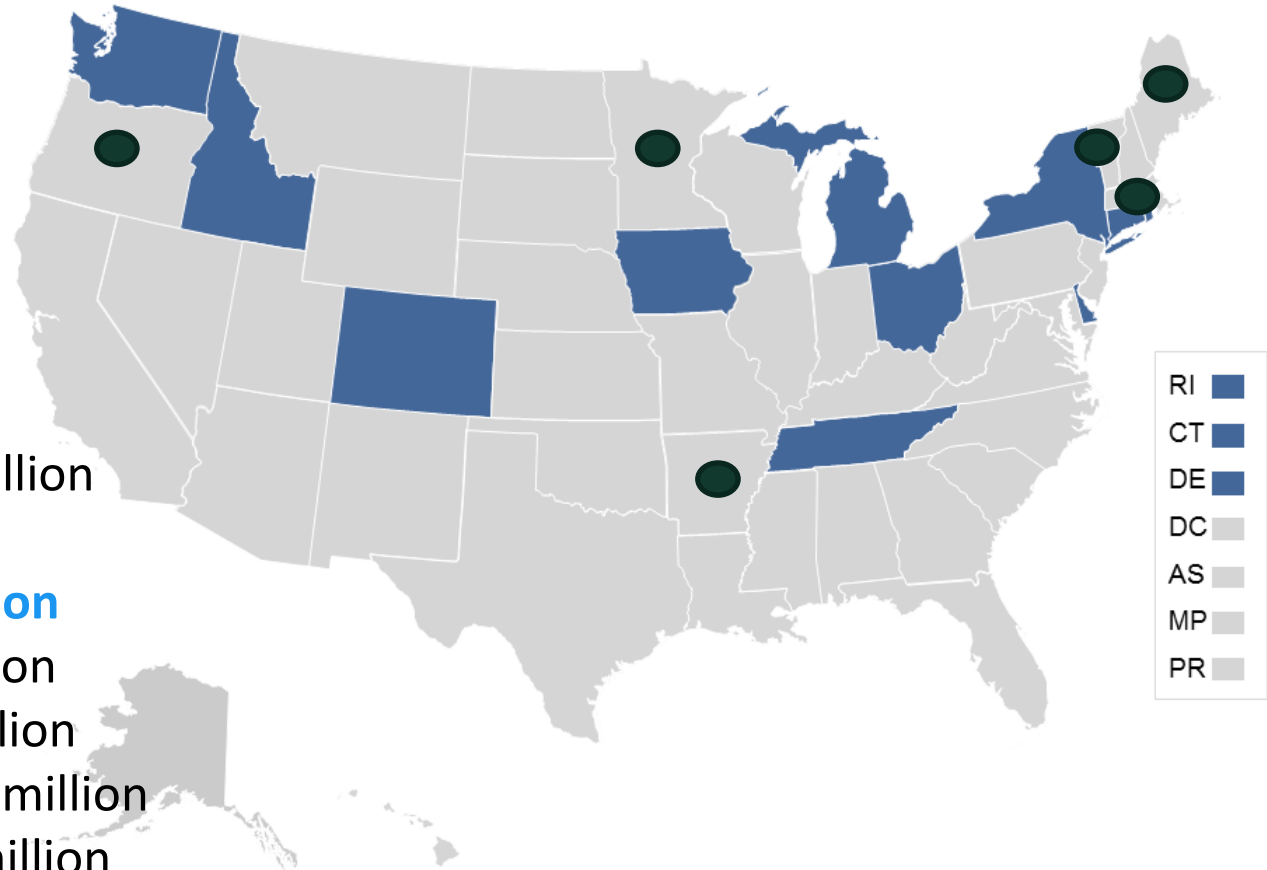
New York - $99.9 million
Ohio - $75 million
Michigan - $70 million
Colorado – $65 million
Tennessee - $65 million
Washington - $64.9 million
Connecticut - $45 million
Iowa - $43.1 million
Idaho - $40 million
Delaware - $35 million
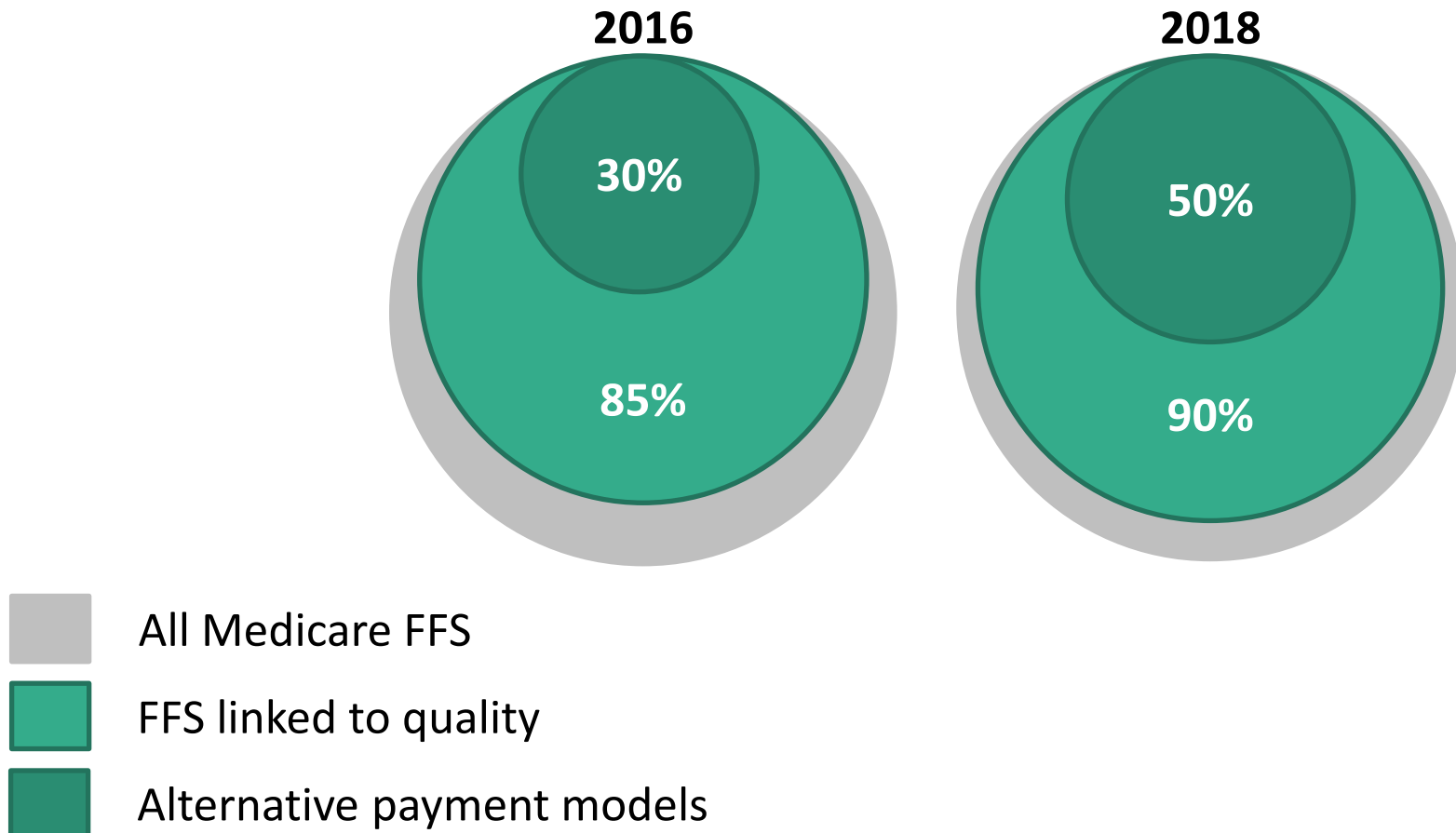Rhode Island - $20 million

RI
CT
DE
DC
AS
MP
PR

Source: Centers for Medicare & Medicaid Services

● Round 1 Test States

Context:
CMS Payment Reform Targets

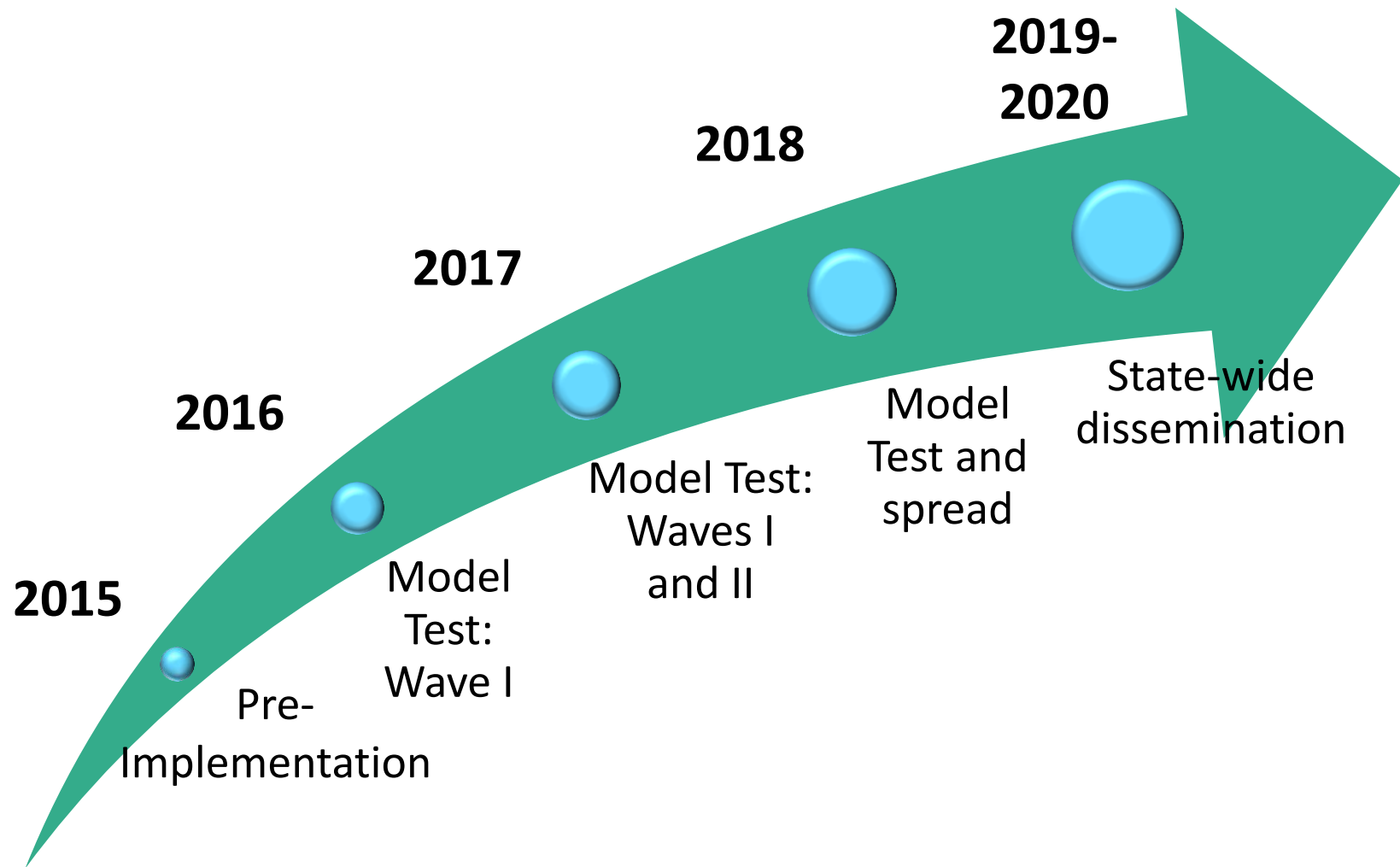Planned percentage of Medicare FFS payments linked to quality and alternative payment models

2016

30%

85%

2018

50%

90%

All Medicare FFS

FFS linked to quality

Alternative payment models

Adapted from Centers for Medicare & Medicaid Services, January 26, 2015

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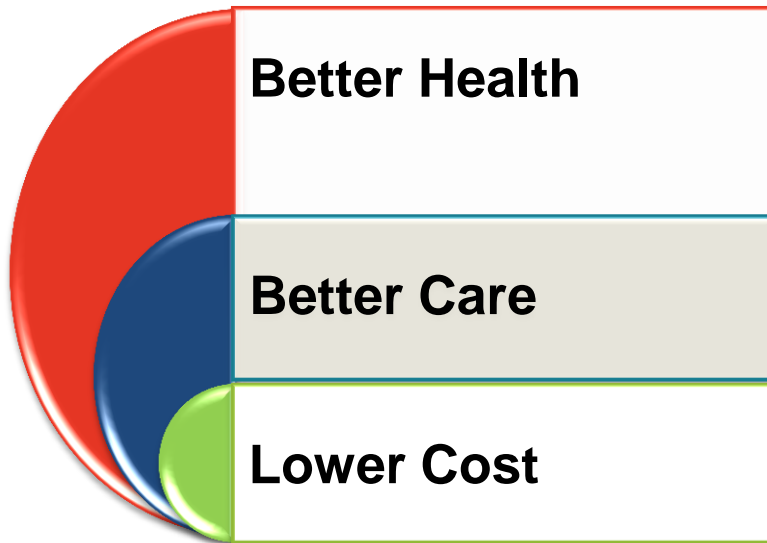# Michigan's Model Test Timeline

2015

Pre-Implementation

2016

Model Test: Wave I

2017

Model Test: Waves I and II

2018

Model Test and spread

2019-2020

State-wide dissemination

Model Overview

Aims

Better Health
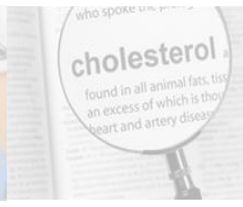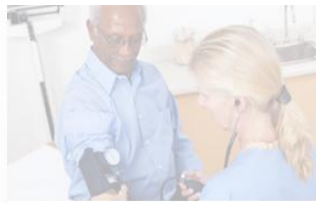
Better Care

Lower Cost

Objectives

- Healthcare system transformation
- Payment reform
- Population health improvement

Target Conditions

- Healthy babies

- Super-utilization (8+ ED visits/year)

- Multiple chronic conditions

Elements of Michigan's *Blueprint*

Element	Building on…
Michigan's Patient Centered Medical Home model	MiPCT program and safety net primary care improvements
Accountable Systems of Care	Existing health systems, provider networks, and safety-net infrastructure
Community Health Innovation Regions	Existing community coalitions and councils
Payment Systems	Public and private payment initiatives
Health information and process improvement infrastructure	Existing local, state, and federal initiatives

Patient Centered Medical Homes

CURRENT

- Michigan Primary Care Transformation
  - 358 practices, 5 payers, 37 POs
  - >1,100,000 beneficiaries
  - Embedded 420 Care Managers as part of the team
- Health Home pilot tests

FUTURE

- Ensure access to high quality care by every Michigander
  - Expand to new payers and new providers
  - Access for Healthy Michigan population
- Integrate primary care and behavioral health
- Coordinate with community resources
- Supported by health information technology and exchange

Accountable Systems of Care

CURRENT

- Physician organizations
  - Cover all of Michigan: both provider and health system led
  - Contracting and credentialing support
  - Practice coaching and quality improvement
  - Support for patient centered medical home transformation
- Medicaid managed care

FUTURE

- Create systems that coordinate complex care with medical, behavioral, and human services
- Create integrated HIT, HIE systems and data analytics
- Link with Community Health Innovation Regions for better performance outcomes
- Align and integrate care management between providers and health plans

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Community Health Innovation Regions

CURRENT

- Multipurpose collaborative bodies
- Chartered Value Exchanges
- Health Improvement Organizations
- Community Benefit

FUTURE

- Work together for collective impact on population health:
  - Assess community need
  - Define common priorities
  - Adopt shared measures of success
  - Engage in mutually reinforcing strategies towards common priorities
- Implement systems to coordinate health care, community services, and public health
- Invest in population health

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Payment Reform

- Align with trend toward payment for population level performance, moving away from fee-for-service over time
  - Level I: Shared savings (upside risk)
  - Level II: Capitation models
- Reduce costs by removing waste from the health system
- Align payment and core set of measures across payers with input from providers to reduce administrative complexity
- Payment includes requirement to meet quality performance metrics
- Provide upfront investments for health information technology, continuous improvement infrastructure, and community health
- Assure data transparency to promote good decision-making

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How we will do it

- Regional test of change
- Dissemination of what works
- Multi-payer payment reform
- Resources for local capacity investment
- Hands on technical assistance
- Learning networks
- Statewide population health improvement plan
- Multi-payer common metrics
- Policy
- Workforce development

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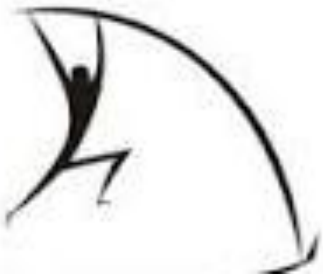
Phased Model Test

<u>Wave I Regions</u>

- Have all model components and capabilities
- Prior experience with pay for value
- May include Level I and II ASCs

<u>Wave II Regions</u>

- Have some, but not all, model components and capabilities
- Could benefit from additional planning, investment, community convening, before implementation
- May include Level I and II ASCs

Pre-implementation goals

- **<u>Engage stakeholders</u>**: Outreach resulting in selection of model test participants
- **<u>Population health improvement</u>**: Population Health Advisory Board established, Community Health Innovation Region and ASC strategies to improve health developed
- **<u>Improve health care quality</u>:**
    - Model Test Steering Committee, Performance and Recognition Committee established, common performance metrics developed
    - ASCs ready to test new service delivery and payment models
    - Technical assistance and collaborative learning networks in place to accelerate improvements
- **<u>Health Information Technology:</u>** Data infrastructure investments identified and HIT development and alignment strategies developed
- **<u>Payment reform:</u>** Contract language finalized

Pre-implementation Activity

Q 1*
- Region selection
- Stakeholder engagement
- Model refinement

Q 2
- Steering Committee
- Performance Measurement & Recognition Committee
- Technical assistance contractors

Q 3
- ASC & CHIR contracts signed
- Collaborative Learning Networks
- Investment in data infrastructure

Q 4
- Common performance metrics
- Investment in local capacity
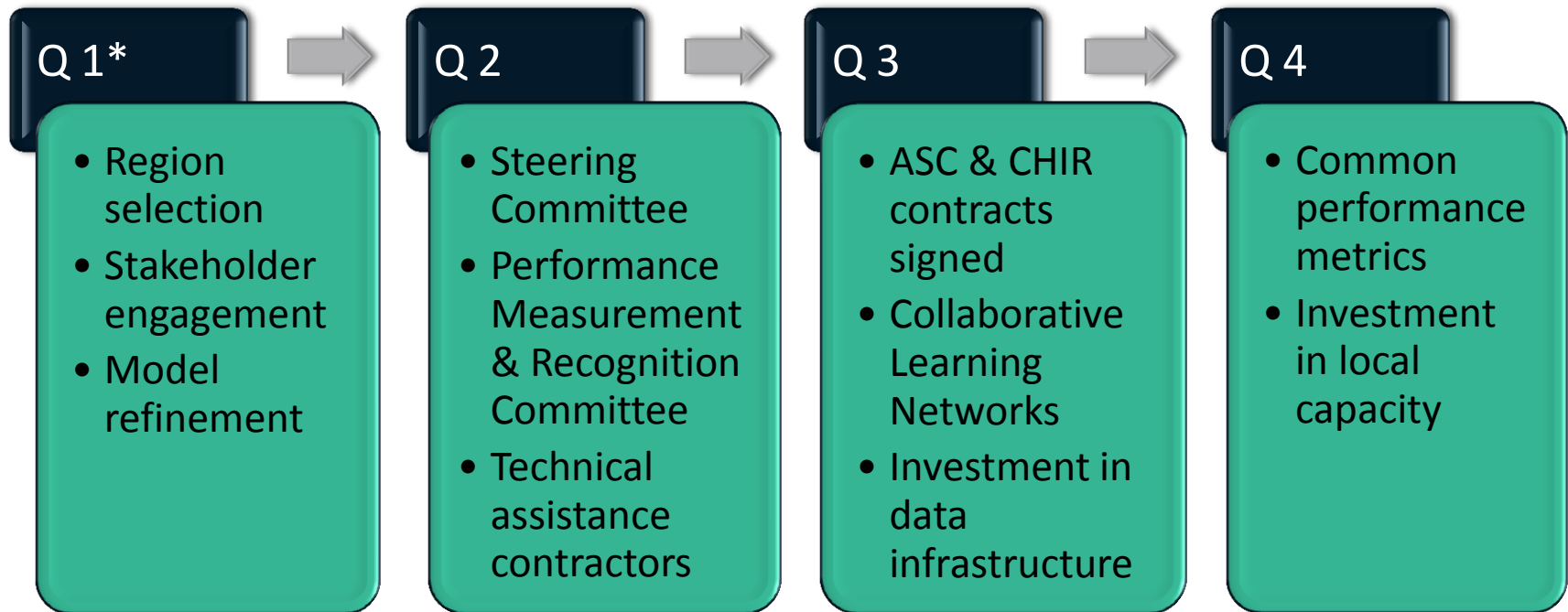
*Note: Project Q1 began on 2/1/2015

Considerations

- Model Test policies and investments will address data and infrastructure
  - For participant success
  - To align with multiple IT-based initiatives
  - Capacity assessments will examine readiness and inform participation requirements

- HIT Commission involvement
  - Input into draft requirements for participation
  - Policies to encourage participation in data sharing

Thank you!

Contact us with questions and/or subscribe to SIM Communications by emailing a request to:
SIM@mail.mihealth.org

Connecting Health and Care for the Nation:

A Shared Nationwide Interoperability Roadmap – DRAFT Version 1.0

Erica Galvez
Interoperability Portfolio Manager, ONC

March 19, 2015

The ability of a system to **exchange** electronic health information with and **use** electronic health information from other systems without special effort on the part of the user

Why does interoperability matter?

- Individuals and providers need access to the right information at the right time in a manner they can use to make decisions that impact their health regardless of geographic or organizational boundaries

- Typical Medicare beneficiary receives care from 2 primary care providers and 5 specialists each year

- Only 10-20% of health outcomes are attributable to health care

- Information needs to flow inside and outside the care delivery system to support health

2015 - 2017

Nationwide ability to send, receive, find, use a common clinical data set

2018 - 2020

Expand interoperable data, users, sophistication, scale

2021 - 2024

Broad-scale learning health system

Core technical standards and functions

Certification to support adoption and optimization of health IT products & services

Privacy and security protections for health information

Supportive business, clinical, cultural, and regulatory environments

Rules of engagement and governance

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Principle-based Interoperability

BUILD UPON EXISTING HEALTH IT INFRASTRUCTURE	**MAINTAIN MODULARITY**	**ONE SIZE DOES NOT FIT ALL**
CONSIDER THE CURRENT ENVIRONMENT AND SUPPORT MULTIPLE LEVELS OF ADVANCEMENT	**EMPOWER INDIVIDUALS**	**SIMPLIFY**
PROTECT PRIVACY AND SECURITY IN ALL ASPECTS OF INTEROPERABILITY	**LEVERAGE THE MARKET**	**FOCUS ON VALUE**
	SCALABILITY AND UNIVERSAL ACCESS	

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Critical Near Term Actions by Building Block

HealthIT.gov

Core technical standards and functions
- Direct the field on best available standards and implementation guidance
- Refine standards for common clinical data set, implementation of CCDA, data provenance, APIs

Certification to support adoption and optimization of health IT products and services
- Improve rigor of ONC's certification program
- Work with industry on suite of ongoing testing tools

Privacy and security protections for health information
- Educate stakeholders on current federal laws
- Work with states and organizations to align laws that provide additional protections, without undermining privacy

Supportive business, clinical, cultural, and regulatory environments
- Evolve and align policy and funding levers to focus on outcomes and incentivize adoption of certified health IT and electronic information sharing according to national standards

Rules of engagement and governance
- Establish governance framework with principles, rules of the road, and process for recognizing orgs that align
- Call to action for industry to create single coordinated process

Tracking Progress and Measuring Success

HealthIT.gov

"Capability to Exchange in an Interoperable Manner"

- Adoption of specific technologies, standards, infrastructure and policies to ensure secure exchange of interoperable data

- Capabilities of providers across care continuum and consumers to securely exchange in an interoperable manner

"Information Flow and Usage"

- Exchange activity
- Availability of information to inform decision-making
- Usage: rates of accessing available data
- Interoperability of data, EHRs and other systems
- Uses of interoperable data
- Ability to easily integrate data across multiple sources
- Reliability, trustworthiness, and utility of information exchanged
- Barriers to exchange and interoperability

"Impacts"

Support Key Processes

- Care delivery and value based payment
- Public health surveillance and response
- Care coordination and transitions of care across settings
- Learning health system and research

Outcomes

- Individuals' experience with healthcare delivery system
- Reducing costs and increasing efficiency of care
- Improving health of populations

- Please review and comment on the Roadmap – posted on healthit.gov

- Public comment is open now and closes at 5pm ET on Friday, April 3, 2015

HITC Next Steps

- Schedule Frequency

2nd Quarter 2015 Draft Agenda

April

- Email Update

May

- TBD

June

- Connecting Michigan Conference
  - Meeting held during the conference ** **Thursday June 4, 2015 12:30 PM- 1:30 PM****
- Topic of Meeting TBD

Public Comment

Adjourn